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ADDRESS (number and street) Check if different than previously reported. (ACC)	J.C. P.A.C. 3. E./m A.v.e. Cheltenha	<u> </u>	PA V.90	
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C 0 0 5 7 0 0 1 0 3. IS THIS REPORT IN (N) OR (A)				
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report July 31 Mid-Year Report (Non-elect Year Only) (MY) Termination Report (TER)	(Q1) (Q2) (Q2) (Q3) (YE) (d) 30-Day POST-Election Report for the:	20 (M2)	M6) Sep 20 (M9)	. Runoff (12R)
I certify that I have examined	n 11	of my knowledge and belief it	is true, correct and comple	ete.
Signature of Treasurer NOTE: Submission of false, er Office Use	roneous, or incomplete informat	_ 	ing this Report to the penal	C FORM 3X
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